

# **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR CERTIFICATION OF AN ADDED SERVICE FOR A CHEMICAL DEPENDENCY SERVICE PROVIDER**

## **INTRODUCTION**

Provider certification is mandated by state laws, Revised Codes of Washington (RCW), when a provider intends to:

- Contract with DSHS for the provision of chemical dependency treatment services as required by RCW 70.96A.045;
- Represent itself as a state-certified chemical dependency treatment agency (RCW 70.96A.090 prohibits treatment programs from advertising or representing itself as an approved treatment program if approval has not been granted);
- Provide deferred prosecution assessments and treatment under RCW 10.05; or,
- Provide chemical dependency assessment, education, or treatment to persons required by the Department of Licensing for Driving Under the Influence (DUI) or in physical control of a motor vehicle under RCW 46.61.

Added service application requirements are detailed in Washington Administrative Code (WAC) 388-805-020. Applications are screened for completeness in the order received. If applications are found to be incomplete, processing is suspended until we receive all the required information. Complete applications are assigned to Division of Alcohol and Substance Abuse (DASA) Certification Specialists for review in the order received. A DASA Certification Specialist will conduct an initial review for content within 30 days from the date received.

Return the completed original application form, one copy of the items required in **PART 5**, and the nonrefundable \$200 application fee to the attention of:

Robert Geissinger, CCDCIII, Certification Specialist  
Certification Section  
Department of Social and Health Services  
Division of Alcohol and Substance Abuse  
Post Office Box 45330 (Mail Stop 45330)  
Olympia, Washington 98504-5330

Please do not return these instructions with your application.

You are encouraged to submit a complete application, including all policies, procedures, and other documentation as early in the application process as possible. However, you may wish to wait to expand or remodel (if applicable) your facility or hire staff to avoid incurring facility and staff costs while your application is pending review and approval.

Certification will be granted only to applicants demonstrating that they are prepared to operate in compliance with all applicable federal, state, and local regulations.

Significant deficiencies can result in delays of department approval. The application form and required materials are tools for evaluating applicant readiness for certification. The reviewing DASA Certification Specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

## **PART 1 – AGENCY INFORMATION**

1. Print the name of the agency to be certified, as it is listed in the Directory of State Certified Chemical Dependency Treatment Services in Washington State (also known as the "Greenbook").
2. Print the name and title of the on-site administrator's name. The on-site administrator is the person identified by the governing body as the person responsible for meeting the administrator requirements of WAC 388-805-145.
3. Print the name and title of the clinical supervisor's name who will be responsible for the supervision of the new service(s) (if applicable). The clinical supervisor is the person identified by the administrator as responsible for meeting the requirements of WAC 388-805-300(4)(a-c).

## **PART 2 – PROVIDER INFORMATION**

### ***All providers:***

Enter the provider's Federal Employer Tax Identification Number (Fein). Sole proprietors may use their Social Security Number (SSN) instead. Check the appropriate box to indicate whether the number is a FEIN or SSN.

### ***Privately owned providers only:***

Enter your Washington State Uniform Business Identification (UBI) Number listed on your Washington State Master Business License in the boxes provided.

## **PART 3 – CERTIFIED CHEMICAL DEPENDENCY SERVICES**

### **Detoxification or residential service certification:**

Put a check mark by each additional service for which you are seeking certification. Then indicate the number total number of beds for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate the special treatment focus in the space provided.

### **Non-residential service certification:**

Put a check mark by each additional service for which you are seeking certification. Then indicate the estimated number of persons your agency believes will be served annually for each service requested. If you intend to focus the provision of services to a special group such as youth, women, offenders, adults, etc., then indicate the special treatment focus in the space provided.

The new services will be published in the next printing of the Directory of State Certified Chemical Dependency Treatment Services in Washington State once the reviewing certification specialist grants certification.

## **PART 4- CONTRACTS**

Check the appropriate yes or no box to indicate whether or not your organization intends to contract for government funds to provide new chemical dependency service(s).

If yes, then list the source(s) of the funds, e.g., federal, state, tribal, county, criminal justice, or corrections.

Specify the new certified chemical dependency service(s) for which government funds may be provided.

## **PART 5 – MATERIALS TO BE SUBMITTED WITH THE APPLICATION**

- A. **If planning to add detoxification or residential service**, check box A<sub>1</sub>, if you included a copy of the Residential Treatment Facility or Hospital license issued by the Washington State Department of Health (DOH) Facilities and Services Licensing Division, or in cases of nursing home facilities, the Washington State Department of Social and Health Services (DSHS). Check box A<sub>2</sub> if you plan to submit the license at a later date.

You can obtain an application and information related to fees by contacting the DOH Facilities and Services Licensing Division at the following address and telephone/fax numbers:

Facilities and Services Licensing  
Post Office Box 4752  
Olympia, WA 98504-7852  
Telephones: (360) 705-6652, or 705-6628  
Fax: (360) 705-6654

Note: DASA certification for residential chemical dependency services are contingent upon receipt of a copy of the Department of Health License or in the case of a nursing home facility, a license issued by the Department of Social and Health Services.

- B. Submit a complete copy of the clinical manual policy and procedures that are specific to the services applied for in this application. Do not submit the original copy of the manuals. Manuals must meet all applicable regulatory requirements. The organization and content of the policies and procedures are evaluated as a means of determining the applicant's ability to meet applicable requirements. Policy and procedure deficiencies can lead to a delay in certification. The reviewing Certification Specialist will determine if the extent of the deficiencies must be corrected before certification or as a part of a corrective action process following certification.
- C. Submit a copy of the agency fiscal policies and procedures as they relate to informing clients and patients of fees charged for the additional services. Sometimes this is done in the form of a fee schedule. Sometimes this is done through an advisory form, signed by each individual patient, and maintained in the patient record.
- D. Submit evidence of having sufficient qualified staff to deliver the additional certified chemical dependency services applied for in this application. This information must include:

1. A copy of an organizational chart including each new staff position, including volunteers, students, and persons on contract, by job title, lines of responsibility, the full-time equivalency percentage for each position, and how the new service relates to the parent organization.
2. A copy of the job description for each new staff position for any person who will be providing or supervising patient care.
3. Check 3a if you have enclosed a copy of the current certificate of certification as a chemical dependency professional issued by the Washington State Department of Health (DOH) for each chemical dependency professional (CDP) to be employed by your organization at the proposed initial site. The wall certificate issued by DOH is not sufficient. The copy of the certificate must include the certification expiration date. Check box 3b if you plan to submit evidence of certification at a later date.

Note: Current DASA Certificates of Qualification as a Chemical Dependency Counselor will be accepted in lieu of the DOH CDP certificate submitted with applications received before June 30, 2001.

4. **Check box 4a if applying for certification to provide alcohol/drug information school services**, then submit evidence of the employment of a qualified alcohol/drug information school instructor that meets the requirements of WAC 388-805-250. Acceptable evidence includes a copy of an individual's DASA issued Certificate of Qualification as an Alcohol/Drug Information School Instructor. Check box 4b if you plan to submit evidence of ADIS Instructor qualification at a later date.
- B. Submit a sample record for **each new** certified chemical dependency service applied for in this application. Each sample record should be based on a complete course of services provided to a hypothetical person. Do not submit copies of actual patient records. Each sample record should be complete and include all the documentation required to demonstrate sound clinical practices and compliance with all regulatory requirements.

Sample record deficiencies are the leading cause for delays in approval and are one of the primary tools for evaluating applicant readiness for certification. The reviewing certification specialist will determine if the extent of the deficiencies must be corrected prior to certification or as a part of a corrective action process following approval.

Sample records should cover an entire course of service delivery from admission to discharge or until completion of the service, such as a DUI client assessment. Sample outpatient records should cover a minimum three-month period.

- C. Submit the following information related to the agency facility **only if** the agency facility will be expanded or remodeled to accommodate the new services:
1. A completed Americans with Disabilities Act (ADA) Checklist for Existing Facilities.
  2. A plan of the premises, which show that the chemical dependency treatment services are discrete from other, programs, and indicates the capacities of buildings for its intended uses. This is particularly important in facilities that are not self-standing such as office buildings, or offices that provide services other than chemical dependency

treatment. Federal confidentiality regulations pertaining to chemical dependency treatment are more stringent than most other such requirements. Therefore, applicants and chemical dependency treatment providers should take sufficient precautions and measures to ensure chemical dependency patient confidentiality.

Additionally, chemical dependency treatment services must be in a manner that is separate and distinct from other services delivered at the same site. Providers of multiple services such as chemical dependency and mental health should develop a system that ensures protection of the confidentiality of chemical dependency treatment patients.

3. Check box 3a if you have submitted a floor plan showing the use of each room and the location of specific facility details as listed in WAC 388-805-015(2)(l)(i-vii). Check box 3b if you plan to submit the floor plan at a later date. A sample floor plan has been included with this application. Blueprints are not required. Usually a hand drawn floor plan will suffice. Questions sometimes arise when floor plans do not include all the elements required by regulations, or when there is not sufficient information such as room dimensions for the reviewer to evaluate the proposed site. This may result in delays in approval.

Another problem that comes up regularly is the site not having a reception area that is separate from treatment areas. This is apparent in cases where the agency entry area is sometimes used for group counseling, suggesting that some one walking in the front door could conceivably walk in to a group session in progress. Counseling areas must be confidential and discreet. Walls in counseling spaces should be floor to ceiling with soundproofing sufficient to prevent a normal conversation from being overheard through closed doors.

- G. **Check box G<sub>1</sub> if you are applying for outpatient childcare certification** and the agency is licensed by the Department of Social and Health Services Division of Children and Family Services, provide a copy of the current license. Check box G<sub>2</sub> if *the child care service is not currently licensed*, but the organization intends to apply to DSHS at a later date. *If the organization is seeking DASA certification for outpatient child care*, then submit complete sufficient evidence your agency meets the requirements of WAC 388-805-900 through 935.
- H. **If your agency is accredited by a DASA recognized national chemical dependency accreditation body**, submit a copy of the letter notifying the accreditation body of this application for certification to provide additional services.
- I. **An application fee of \$200** must be submitted with this application, and must be in the form of a check or money order made out to the Department of Social and Health Services.
- J. Submit a copy of the cover letter used to notify the county alcohol/drug coordinator where new services will be provided, and a completed copy of the application form. Only send a copy of the application form itself. You do not need to provide the county coordinator with a copy of the application materials (manuals, licenses, staff certifications, etc.).

The alcohol and drug coordinator coordinates the delivery of publicly funded chemical dependency services in his/her respective county.

## **PART 6 – DECLARATIONS**

Ensure you read the declarations carefully, and complete the signature block.

If there are any questions about this application, contact Bob Geissinger at (360) 438-8055, or by e-mail at [geissrs@dshs.wa.gov](mailto:geissrs@dshs.wa.gov)

(f:\shared\certific\forms\120b, revised April 26, 2005)